



N.C. Department of Health
and Human Services

NCTracks Overview

Joint Legislative Oversight Committee on Health and Human
Services

December 10, 2013

Joe Cooper
Chief Information Officer



Costs of Operation and Maintenance

Replacement MMIS Operations and Maintenance						
	SFY 13-14			SFY 14-15		
	Total	Fed.	State	Total	Fed.	State
DHHS Support	\$ 2,974,700	\$ 1,487,350	\$ 1,487,350	\$ 1,089,256	\$ 544,628	\$ 544,628
Vendor Costs by Division						
DMA	\$ 31,799,118	\$ 15,899,559	\$ 15,899,559	\$ 33,223,325	\$ 16,611,663	\$ 16,611,663
DMH	\$ 1,139,707	\$ -	\$ 1,139,707	\$ 1,229,950		\$ 1,229,950
DPH	\$ 164,568	\$ -	\$ 164,568	\$ 506,134		\$ 506,134
Additional Changes - First Year	*			\$ -		
Total	\$ 36,078,093	\$ 17,386,909	\$ 18,691,184	\$ 36,048,665	\$ 17,156,291	\$ 18,892,375
Total after Retroactive Certification Funding	\$ 36,078,093	\$ 26,080,364	\$ 9,997,730	\$ 36,048,665	\$ 25,734,436	\$ 10,314,229

* A total of \$10 million was included in SFY 13/14 budget to address both the backlog of changes and manual workarounds being performed by DHHS and CSC. The portion of this budget that will be applied to the O&M costs is not known at this time



Costs of Implementation

		Total	Fed.	State
CSC	*	\$ 196,604,862	\$ 171,597,647	\$ 25,007,216
IV&V (Maximus) and Testing Vendor		\$ 10,916,990	\$ 9,756,829	\$ 1,160,161
Internal DHHS Costs		\$ 48,296,611	\$ 39,426,473	\$ 8,870,137
Total		\$ 255,818,463	\$ 220,780,949	\$ 35,037,514

* Encumbered contract value. \$170 million expended through November 2013.



System Improvements

- ACA enhanced payments now paying.
 - Retroactive payments still in development
- Office Administrator enhancements under review.
- Grouper 30 and 31 function added (used by hospitals).



Customer Service

- Performing within Service Level Agreements:
 - Prior approvals
 - Claims
 - Provider enrollment, credentialing and reverification
 - Manage change requests

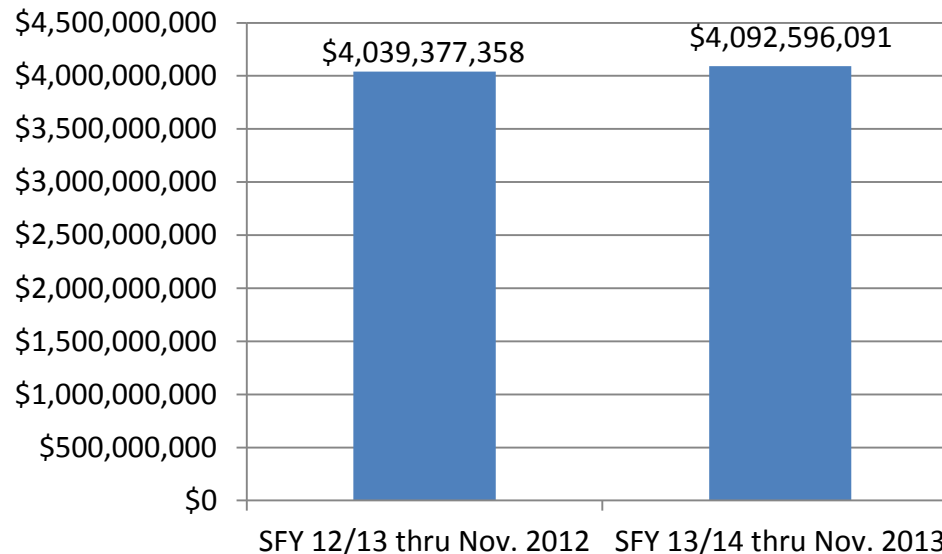


Customer Service

- Calls answered within seconds.
- Answers or updates provided in set time.
- Calls returned before 4 p.m.
- Provider Help Centers to continue:
 - Hudson on December 11
 - Asheville on December 12
 - Wilmington on December 17 and 18
- Webinars with Associations to continue.
- Continue on-site visits.
- Cross-sectional user group to be established.



Paid Medicaid and HealthChoice Claims (DMA only)

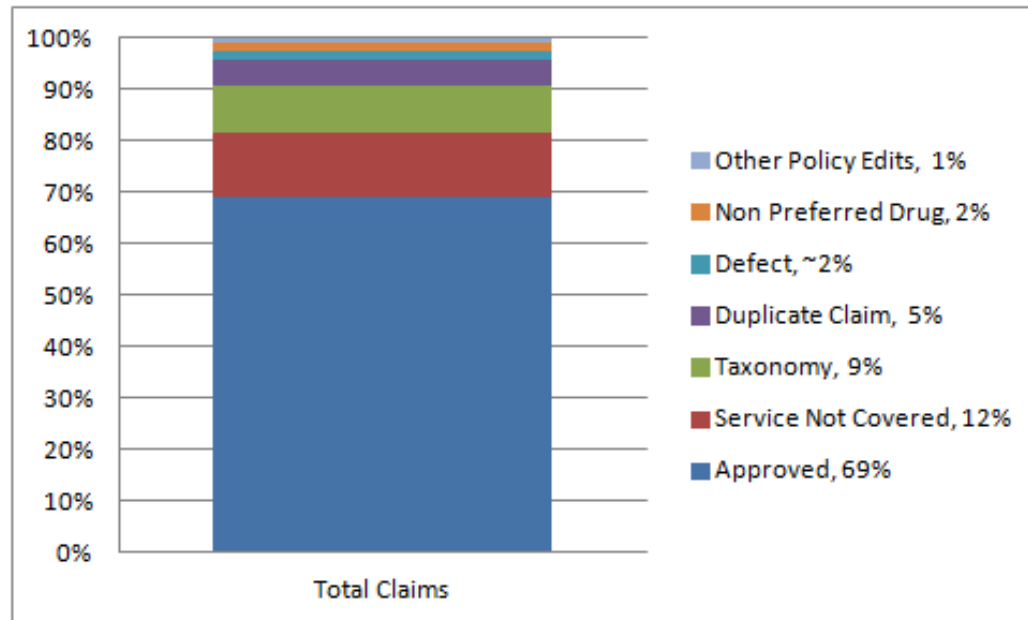




Claims Adjudication

Week of November 15

Denied:	Other Policy Edits	1%
	Non Preferred Drug	2%
	Defects	~2%
	Duplicate Claim	5%
	Taxonomy	9%
	Service Not Covered	12%
Approved:		69%





CSC Priorities

- Recipient care and paying Providers.
- Resolve data issues in the data warehouse.
- Simplify the Office Administrator function.
- Simplify Manage Change requests.
- Retroactively process Affordable Care Act payments and Crossover claims.
- Retroactively update to Grouper 30 and 31, diagnostic code groupings used primarily by hospitals.



Elimination of OMMISS

- Plan submitted to General Assembly.
- Transition from OMMISS will be finalized by June 30, 2014.



Re-assignment of OMMISS' Work

- Large projects (ICD-10, CMS Certification) will be managed by the DHHS CIO.
- On-going activities (vendor management, change control, testing) will transition to DHHS.
- HR & Purchasing will return to DHHS.
- Budget will return to DHHS CFO.



NC Health Information Exchange

- CCNC/NCHIE & DHHS have met twice.
- Hospitals will be at the table.
- Focus will be on:
 - How NCHIE costs will be allocated
 - Meaningful Use
 - Clinical Programs
- Joint recommendation to GA by 4th quarter SFY 2014.